

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015709

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

DO NOT WRITE
ON THIS STUB

AMENDED

157

3028

71

FILED APR 26 1962

1. PLACE OF DEATH

a. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Carthage

Length of stay in 1b

life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION McCune-Brooks Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jasper

c. CITY OR TOWN Carthage

Inside Limits -
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
807 S. McGreagor St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First JESSE

Middle H.

Last TRENT

4. DATE OF DEATH

Month April Day 13, Year 1962

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

1-26-1888

74

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Contractor, Retired10b. KIND OF BUSINESS OR INDUSTRY
Trucking11. BIRTHPLACE (City and state or country)
Newton Co. Missouri12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Jesse H. Trent

13b. MOTHER'S MAIDEN NAME

Anna Roe

14. NAME OF HUSBAND OR WIFE

Susie E. Trent

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)
No None

17. INFORMANT

Address

Clarence M. Trent, Pittsburg, Kan.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Respiratory failure -

INTERVAL BETWEEN
ONSET AND DEATH
36 hrs -Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Contusion and lacerations of both lungs

3 days

DUE TO (c)

Multiple rib fractures and crushing of chest

3 days -

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Thrown out of truck in collision -

20c. TIME OF
INJURYHour Month, Day, Year
10:30 a.m. 4/10/6220d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
Country crossroads -

20f. CITY, TOWN, OR LOCATION

Cherokee

COUNTY

STATE Kansas -

21. I attended the deceased from
Death occurred at4/10/62 to 4/13/62 and last saw her
10:10 A.M. alive on 4/13/62

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles L. Schell, MD

22b. ADDRESS

Carthage, Mo -

22c. DATE SIGNED

4/14/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

4-16-1962

23c. NAME OF CEMETERY OR CREMATORY

Hazel Green Cemetery

23d. LOCATION (City, town, or county)

Newton County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Thompson Funeral Home, Neosho, Mo.

25. DATE RECD. BY LOCAL REG.

4-20-62

26. REGISTRAR'S SIGNATURE

Ely Clinton

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

5/1/62

INSTEAD OF

Contractor

SHOULD READ

Retired Contractor

ITEM NO.

10a

DOCUMENT

BY AFFIDAVIT OF Son-in-Law

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jimmie A. Jobe

Licensed Embalmer No.

5140

P. O. Address

Aceto, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.